

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Please Circle Present Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Sp. Ed.

## STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

### MEDICAL EXEMPTION

The physical condition of the above name child is such that immunization would endanger life or health.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(PHYSICIAN)

### RELIGIOUS EXEMPTION

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(PARENT OR GUARDIAN)